

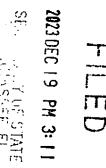
(Re	questor's Name)
(Ad	dress)
——————————————————————————————————————	dress)
(Cit	y/State/Zip/Phone #)
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(Do	cument Number)
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cos	rporations		
THE PART OF THE PARTY AND THE	Enterprises, LLC		
50BJEC1:	Name of Lim	ited Liability Company	
The analoged Agricles of	Amendment and fee(s) are sub	missad for filing	
	•	-	
Please réturn all correspo	ondence concerning this matter	to the following:	
	Matthew D. Mitchell		
		Name of Person	
	Friday, Eldredge & Clark,	LLP	
		Firm/Company	
	3350 S. Pinnacle Hills Pkv		
		Address	
	Rogers, Arkansas 72758		
		City/State and Zip Code	
	andrewkelsodmd@gmail.co	om to be used for future annual report not	(fication)
For further information of	concerning this matter, please co	·	meatory
Matthew D. Mitchell		479 695-6053	
Name o	of Person	at ()	ne Telephone Number
Enclosed is a check for t	he following amount:		
	(3 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration		Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of 1	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRADAK Enterprises, LLC		
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	mpany were filed on August 22, 2023	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
DRADAK Enterprises, PLLC		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	N 1
		023
		_ R 1
man and the state of the state		
Enter new mailing address, if applicable:	 	10 ⁻¹ 10
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		元 7
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Remove
			☐ Change
			□Add
			□ Remove
			□Add
			□Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Remove
			☐(Thomas

	entistry and orthodontics and any ancillary business allowed by the professional limited liability company.
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f an effi Note:	ve date, if other than the date of filing:
recore d is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	December 14 2023

Filing Fee: \$25.00